

Checklist to Help Expedite Contractor Registration

- ☐ **Contractor Registration Application:**
 - Completed and signed by the person chosen to be the responsible party for the company.
- ☐ **Certificate of Liability Insurance:**
 - Written by an insurance company licensed to do business in the State of Ohio with the limits of liability no less than one hundred thousand dollars (\$100,000) for damages to a single person, and three hundred thousand dollars (\$300,000) for one (1) occurrence.
- ☐ **Proof of Ohio Workers' Compensation coverage:**
 - Assignment of Registration. If assigning the registration to a business concern, a completed, signed Contractor Registration Assignment/Authorized Signer Form is required. When an assignment is made, all documents are to be completed in the name of the business and a list of individuals that will be authorized to apply for permits in the name of said business must sign the form.
 - Additional signature sheets may be attached as necessary. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
- ☐ **Income Tax Contractor Application:**
 - If assigning the registration to a business concern, the Federal Taxpayer ID Number of that business concern or responsible party's Social Security Number is required. Paperwork that has omitted either of these pieces of identification will be returned without being processed.
 - Registration with the Income Tax Division will be processed from the application data.
- ☐ **Copy of State License if OCILB (if applicable)**
- ☐ **Registered Contractor Sub List:**
 - A general contractor shall provide with the request for Certificate of Occupancy a list of all subcontractors used on the project for which the Certificate of Occupancy is being sought. **This form is required in the field by the inspector.**
- ☐ **Registration Fee:**
 - The registration fee is \$125.00.
 - Payment may be made in person or by mail to:

**Business Development and Permit Center
Contractor Registration
3300 Central Parkway
Cincinnati, OH 45225**

- Checks should be made payable to the "City of Cincinnati".

Download a copy of the contractor registration forms package at:
www.cincinnati-oh.gov/bldginsp/downloads/bldginsp_eps41345.pdf



BUILDINGS AND INSPECTIONS DIVISION
3300 CENTRAL PARKWAY, CINCINNATI, OHIO 45225
(P) 513-352-3271 - (FAX) 513-352-2579 - WWW.CINCINNATI-OH.GOV

**BUILDING CONSTRUCTION, HOME IMPROVEMENT AND SPECIALTY
CONTRACTOR REGISTRATION APPLICATION**

Note: For application requirements for ANY registration, refer to Cincinnati Municipal Code Chapter 1106 General and Specialty Contractors

Please check one of the following contractor registration categories and if applicable, select one of the specialties from the list provided. If the description is left blank, the general contractor designation will be assigned and listed on our website.

This application is for registry as a:

- ☐ **Home Improvement Contractor specializing in** _____
- ☐ **Building Construction Contractor specializing in** _____
- ☐ **OCILB Contractor licensed in the following trade:** (Circle all that apply)
- Electrical Mechanical Plumbing Hydronics Refrigeration
- OCILB Contractors License Number** _____

PART I: APPLICANT/REGISTRANT INFORMATION

Application Date _____

I, the undersigned hereby apply for a Contractor Registration, in the City of Cincinnati, Ohio, and for that purpose give the following information and answers to ALL of the questions contained in this application:

Name _____

Home Address _____ City/State/Zip _____

Home Telephone _____ Business Telephone _____

E-mail Address _____

PART II: BUSINESS/COMPANY INFORMATION

Business Name _____

Business Mailing Address _____ City/State/Zip _____

Business E-mail Address _____ Fax # _____

Business Type (Check One) Individual Only ____ Sole Proprietorship ____ Partnership ____ Corporation ____

Do you have employees who live or work in Cincinnati? (Check One) Yes ____ No ____

Other (specify) _____

PART III: STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed may cause loss of my right of registration, and may subject me to prosecution under Ohio Revised Code Section 2921.13

Date _____ Signature of Applicant _____

Official Use Only

ISSUE DATE OF REGISTRATION _____ **REGISTRATION #** _____



CONTRACTOR REGISTRATION ASSIGNMENT / AUTHORIZED SIGNER FORM

Date _____

The following information shall be furnished and the following section shall be completed in full.

Registrant: List yourself on the appropriate line. Have all authorized persons who sign permit applications sign on the line adjacent to their printed name.

PART I The following individual, having met the requirements for a contractor's registration, hereby requests that the registration be assigned to the business concern indicated.

The registrant is to be granted to engage in business as a _____ contractor, as per chapter 1106 of the Cincinnati Municipal Code, as applicable. The individual herein shall be associated with the business concern as a legal full-time officer, proprietor, partner or employee. The individual will be actively engaged in and perform work only for the business concern to which his/her registration has been assigned.

(PLEASE CHECK ONE) _ INDIVIDUAL ONLY _ SOLE PROPRIETORSHIP _ PARTNERSHIP _ CORPORATION

FULL NAME OF BUSINESS

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

EMAIL ADDRESS _____

REGISTRANT (PRINT OR TYPE NAME) _____ TITLE _____ SIGNATURE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

PART II Only persons listed on this form with signatures attached shall be authorized to sign permit applications.

1. AUTHORIZED SIGNER (PRINT OR TYPE NAME) _____ TITLE _____ SIGNATURE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

2. AUTHORIZED SIGNER (PRINT OR TYPE NAME) _____ TITLE _____ SIGNATURE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

3. AUTHORIZED SIGNER (PRINT OR TYPE NAME) _____ TITLE _____ SIGNATURE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

4. AUTHORIZED SIGNER (PRINT OR TYPE NAME) _____ TITLE _____ SIGNATURE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE _____

The following individual requests a Contractor registration be assigned to the above business, and hereby assigns the rights of that registration.

REGISTRATION # _____

REGISTRATION HOLDER SIGNATURE & POSITION HELD IN COMPANY _____



**CITY OF CINCINNATI
INCOME TAX DIVISION
NEW ACCOUNT APPLICATION**

Complete this form and send to:

Cincinnati Income Tax Division

805 Central Avenue Suite 600

Cincinnati, OH 45202-5799

Phone: (513) 352-2546 Fax: (513) 352-3855

Website: www.cincinnati-oh.gov/citytax

COMPANY NAME: _____

DBA: _____

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE NO: _____ **FAX NO:** _____

SOC. SEC. NO: _____ **FED. ID NO:** _____

CONTACT PERSON: _____

CINCINNATI LOCATION:

(If different from Company Address)

STREET ADDRESS: _____

CITY/STATE/ZIP CODE: _____

LOCAL PHONE NUMBER: _____

EMAIL ADDRESS: _____

LOCAL CONTACT PERSON: _____

TYPE OF BUSINESS ENTITY (Check the box that applies to your business):

- ☐ CORPORATION ☐ S-CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP
☐ LLC ☐ SINGLE MEMBER LLC ☐ JOINT VENTURE ☐ TRUST
☐ VOLUNTARY WITHHOLDER ☐ NON-PROFIT ☐ OTHER _____
(Specify)

NATURE OF BUSINESS: _____ **FISCAL YEAR END** (*Jan through Dec*): _____

WILL YOUR COMPANY CONDUCT BUSINESS WITHIN CINCINNATI? ☐ YES ☐ NO

DATE BUSINESS ACTIVITY BEGAN IN CINCINNATI: _____

WILL YOU HAVE EMPLOYEES SUBJECT TO CINCINNATI WITHHOLDING TAX? ☐ YES ☐ NO

DATE WITHHOLDING ACTIVITY BEGAN IN CINCINNATI: _____

WILL YOUR WITHHOLDING PAYMENTS EXCEED \$300.00 PER MONTH? ☐ YES ☐ NO

NAME OF PAYROLL COMPANY THAT YOU USE (if applicable): _____

PAYROLL COMPANY CONTACT AND PHONE NUMBER: _____

CORPORATION:

NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
PRESIDENT: _____	_____	_____

TREASURER: _____	_____	_____
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PARTNERSHIPS (attach additional sheets if necessary):

PARTNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____
_____	_____	_____

SOLE PROPRIETORSHIP (including Single Member LLC):

OWNER'S NAME	RESIDENTIAL ADDRESS	SOC. SEC NO:
_____	_____	_____